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CONFIRMATION NO. 2484

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/806,852	03/23/2004	514	1649	JJJ-P02-511
APPLICANTS David C. Rueger, Southborough, MA; Kuber T. Sampath, Holliston, MA; Hermann Oppermann, Medway, MA; Roy H.L. Pang, Etna, NH; Charles M. Cohen, Weston, MA;				
** CONTINUING DATA ***** This application is a CON of 08/937,755 09/25/1997 PAT 6,723,698 which is a CIP of 08/260,675 06/16/1994 PAT 6,800,603 which is a CON of 08/126,100 09/23/1993 ABN which is a CON of 07/922,813 07/31/1992 ABN which is a CIP of 07/752,764 08/30/1991 ABN and is a CIP of 07/753,059 08/30/1991 ABN which is a CIP of 07/667,274 03/11/1991 ABN				
** FOREIGN APPLICATIONS ***** <i>none</i> <i>cyw 1/5/07</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/10/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>cyw</i> Examiner's Signature <i>cyw</i> Initials		STATE OR COUNTRY MA	SHEETS DRAWING 16	TOTAL CLAIMS 8
INDEPENDENT CLAIMS 4				
ADDRESS 28120				
TITLE Methods and compositions for the treatment of motor neuron injury and neuropathy				
FILING FEE RECEIVED 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	